MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

CERTIFICATE OF DEATH

10714

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Massey
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Massey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Bramble

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: John W. Bramble
6(c) If alive, give age: 82 years
7. Birth date of deceased (mo., day, yr.): May 7 1860
8. AGE: Years: 80 Months: 6 Days: 14 If less than one day: hrs. min.
9. Birthplace: Delware (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Thomas Ford
FATHER 13. Birthplace: Delware
MOTHER 14. Maiden name: Anna Ford
MOTHER 15. Birthplace: Delware
16. Informant: Elwood Bramble
Address: Betterton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24 1940 (month) (day) (year)
Cemetery or crematory: Galena Cemetery
Location: Galena, Md.
18. Funeral director: Edward Kellower
Address: Millington Md.
19. Oct 23 1940 (Date rec'd by registrar) Merritt Brice Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 21. 1940 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct - 15th 1940 to Oct 21st 1940 and that I last saw her alive on Oct 21st 1940

	DURATION
Immediate cause of death: Apoplexy	3 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: G. L. Copeland M. D. or other
Address: Millington Date signed Oct 23 1940

RECEIVED
NOV 6 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-9)

10715

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent

City or town: Galta
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Galta
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Williemina Camilo

3. (b) Social Security Number none

4. Sex: F

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Leon Camilo

6.(c) If alive, give age: about 42 years

7. Birth date of deceased (mo., day, yr.): June 29

8. AGE: Years: about 40 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Galta Kent Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Daniles
13. Birthplace: Galta Md.

MOTHER
14. Maiden name: Marie Warner
15. Birthplace: Galta Md.

16. Informant: Marie Elliott

Address: Galta Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Oct. 20, 1940
(month) (day) (year)

Cemetery or ~~crematory~~: Wesley Henry Galta

Location: Galta Md.

18. Funeral director: Edward Fellows

Address: Millington Md.

19. Oct 20/40 19
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 16, 1940 at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 13 1940 to Oct 15 1940 and that I last saw her alive on Oct. 15 1940

Immediate cause of death	DURATION
Probably tertiary syphilis	?
Due to Pneumothorax rt. chest	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. Emerson Houck, M.D.
M. D. or other

Address: Salem, Md. Date signed: Oct. 19, 1940

RECEIVED
NOV 6 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10716

1. PLACE OF DEATH 46-E

County Kent Registration Dist. No. 22

Village or City Galena No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Darlington Gilfillan If U. S. Veteran, specify WAR. no social security number

(a) Residence: No. Galena, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Rev. Joel S. Gilfillan

6. DATE OF BIRTH (month, day, and yaar) May 1852

7. AGE	Years	Months	Deys	If LESS than 1 dey, hrs. or min.
	88	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. House Wife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Data decaased lest worked at this occupation (month end year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania (Stata or country)

FATHER

13. NAME Abraham Darlington

14. BIRTHPLACE (city or town) Penn (Stata or country)

MOTHER

15. MAIDEN NAME Charlotte Drutor

16. BIRTHPLACE (city or town) Penn (Stete or country)

17. INFORMANT James F. Chandler (Address) Del. Ave. Wilmington, Del.

18. BURIAL, CREMATION, OR REMOVAL Place Birmingham, Pa. Data Oct 7, 1940

19. UNDERTAKER John F. Coffagl (Address) Cecilton, Md.

20. FILED Oct 5, 1940 Ella Lee Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 4 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY That I attended deceased from May, 1940, to Oct. 4, 1940

I last saw h-lr alive on Sept. 30, 1940; death is said to heve occurred on the dete stated above, at 8:50 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse Colon	1939
Cachexia - Starvation	
Uremia	

Other **Contributory Causes** of Importance:

Generalized Arteriosclerosis
Chronic Myocarditis

Neme of oparetion Deta of

What test confirmed diagnosis? None Was there an eutopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Was disease or injury in eny way related to occupetion of deceased? No

If so, specify

(Signed) H. Emerson Houck M. D.

(Addass) Galena, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10717

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Good

(a) Residence: No. Crumpton, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William H. Good

6. DATE OF BIRTH (month, day, and year) May 13, 1873

7. AGE: Years 67 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1940

11. Total time (years) spent in this occupation 49 yrs.

12. BIRTHPLACE (city or town) Dunkirk (State or country) New York

FATHER

13. NAME Douglas Johnston

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hosp. records (Address) Chestertown, Md

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Chestertown Md. Place Chester Cem. Date 10/21, 1940

19. UNDERTAKER Wm H. Good. (Address) Church Hill Maryland.

20. FILED Oct. 20, 1940 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 19 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1940, to Oct. 19, 1940

I last saw her alive on Oct. 19, 1940; death is said to have occurred on the date stated above, at 3:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fractured skull, basilar	10-19-40
" rt. wrist	10-19-40
Lacerations of face	10-19-40
Shock	10-19-40
Possible internal injuries	10-19-40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-19, 1940

Where did injury occur? Near Millington, Kent Co., Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of injury Automobile accident

Nature of injury Fracture, shock.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank W. Smith Medical Advocate M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10718

1. PLACE OF DEATH (170c)

County Kent Registration Dist. No. 202

Village or City Chestertown No. Kent and Upper Queen Annes Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph Goodman Social Security Number

(a) Residence: No. Chestertown, Md. St., Ward. 216-18-2450

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Husband of Ellen Marie Goodman

6. DATE OF BIRTH (month, day, and year) 2-7-1916

7. AGE: Years 24 | Months 8 | Days 4 | If LESS than 1 day, — hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) 10-10-40

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Snarker Neck (State or country) Chestertown RD Md

FATHER

13. NAME Harry Goodman

14. BIRTHPLACE (city or town) Kent County, Md (State or country)

MOTHER

15. MAIDEN NAME Annie Walbert

16. BIRTHPLACE (city or town) Kent County, Md (State or country)

17. INFORMANT Harry Goodman father (Address) Chestertown, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown, Md Date 10-14, 1940

19. UNDERTAKER Ralph H. Usilton Inc (Address) Chestertown Md

20. FILED Oct 14, 1940 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1940, 1940, to Oct. 11, 1940

I last saw him alive on ___, 19___; death is said to have occurred on the date stated above, at 12.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Depressed fracture of skull	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-11, 1940

Where did injury occur? Kent County, Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of injury Automobile Accident

Nature of injury Depressed fracture of skull

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Frank N. Smith Med. Advisor Wilson

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

NOV 5 1927

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The deceased was driving his own car to work when a milk truck struck his car and he dies in a few hours as a result of the accident.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(48-B)

10719

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent Co. Md

City or town: Galena, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Del. County: New Castle

City or town: Wilmington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary V. Harrington

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Amos Harrington

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 30th 1885

8. AGE: Years: 55 Months: ~~28~~ Days: 28 If less than one day ____ hrs. ____ min.

9. Birthplace: Galena, Md.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: William Y. Wood
13. Birthplace: Kent Co. Md.

MOTHER
14. Maiden name: Lavenia Camp
15. Birthplace: Kent Co. Md

16. Informant: James B. Harrington
Address: 54 Richardson Rd. Richardson Park Del.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 30-40 (month) (day) (year)

Cemetery or crematory: Galena Cemetery

Location

18. Funeral director: John W. Coffage

Address: Cecilton, Md.

19. Oct 30 1940
(Date rec'd by registrar)
Ella Lee Jones
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 27 1940, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1940, to Oct. 27 1940, and that I last saw her alive on Oct. 27 1940.

Immediate cause of death: Uterine Carcinoma — DURATION: 1 yr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: H. H. Crum, M D
M. D. or other

Address: Galena, Md Date signed: Oct 29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-21)

10720

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: near Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: — County: Kent
City or town: — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Ann Houston

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	negro	single

B (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 6 1940

8. AGE: Years | Months: 1 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Quaker Neck (Town, county, and state)

10. Usual occupation: Near Chestertown

11. Industry or business:

FATHER
12. Name: Leonard Houston
13. Birthplace: Quaker neck.

MOTHER
14. Maiden name: Margaret Thomas.
15. Birthplace: Quaker Neck.

16. Informant: Leonard Houston
Address: Quaker Neck, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 25 1940 (month) (day) (year)
Cemetery or crematory: Quaker Neck Cemetery
Location: Near Chestertown

18. Funeral director: Ralph H. Wilton Inc.
Address: Chestertown Md.

19. Oct 25 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 24 1940, at 11 6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1941, to Oct. 24 1940
and that I last saw h[illegible] alive on Oct 24 1940

Immediate cause of death	DURATION
Asthenia	2 months or more
due to malnutrition	
Due to diarrhea in fort	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr. H. Richmond M. D. or other
Address: Chestertown, Md Date signed: 25 Oct 40

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10721

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 203-

1. PLACE OF DEATH:

County Kent

City or town Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓ 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME James Richard Joiner

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine Cosden

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar 6 1866

8. AGE: Years 74 | Months 8 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace ✓ Md. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Fishing

FATHER

12. Name Thos. F. Joiner

13. Birthplace Kent Island Md

MOTHER

14. Maiden name Catherine E. Burns

15. Birthplace Queen Ann Co. Md.

16. Informant J. Walter Joiner

Address Woodlawn, Balto. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 7 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Wesley Chapel (near Rock Hall)

18. Funeral director Wm. H. Good

Address Church Hill Md

19. Oct 7 1940 (Date rec'd by registrar) Mrs. T. B. Durding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 19__, to Oct. 4 1940, and that I last saw her alive on Oct 4 1940.

Immediate cause of death	DURATION
Chronic Nephritis with Endocarditis	10 years
Due to Chronic Prostatitis	1 year
Due to	
Other conditions: Uremia Coma	40 hours

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other

Address Aberdeen Date signed Oct 5 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

10722

Reg. Dist. No. 209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Pinehurst Rock Hall R R

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) ←

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ←

3. (a) FULL NAME Elizabeth M Mercer

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife William Mercer

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) November 18. 1886

8. AGE: Years 54 Months 9 Days 18 If less than one day ____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housemaid.

11. Industry or business

FATHER 12. Name Kenrad Heinefield

13. Birthplace Germany

MOTHER 14. Maiden name Augusta M. Schmuck

15. Birthplace Germany

16. Informant Mrs August Heinfeld

Address Rock Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 8 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Wesley Chapel near Rock Hall

18. Funeral director John F. Gordy

Address Church Hill. Md.

19. Oct 7 1940 (Date rec'd by registrar) Mrs. T. B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October - 6. 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to Oct-6 1940, and that I last saw h[illegible]ative on Oct-6. 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	Oct 5-40
Due to Uremia - Nephritis.	1yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank N Smith M. D. or other

Address Chestertown Date signed Oct 6/40

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NOV 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10723

(2)

1. PLACE OF DEATH

County Kent Registration Dist. No. 200

Village or City Near Massey No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Baby O'Neal If U. S. Veteran, specify WAR —

(a) Residence: No. — St., Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 0 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Near Massey (State or country) Maryland

FATHER

13. NAME John O'Neal

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Ethel Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John O'Neal (Address) Galt Md.

18. BURIAL, CREMATION, OR REMOVAL Place Galena Cemetery Date Oct. 16, 1940

19. UNDERTAKER Edward Fellows (Address) Millington Md.

20. FILED Oct. 16, 1940 Merritt Bruce Registrar. Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 15 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1940, to Oct. 15, 1940

I last saw him alive on Oct. 15, 1940; death is said to have occurred on the date stated above, at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn child (full term)	

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H. Emerson Houck M. D.

(Address) Galena, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-d)

10724

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Kent
City or town Eliason Farm
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Chestertown R.R. Md
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Martha Ellen Sutton

3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced widow
6 (b) Name of husband or wife Joseph Sutton deceased
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Sept. 13. 1854

8. AGE: Years 86 Months 1 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne Co Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name James F. Cosden
13. Birthplace Unknown Md.
MOTHER 14. Maiden name Frances Pindfield
15. Birthplace Centreville Md
16. Informant Miss Elma Sutton
Address Chestertown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17 1940 (month) ~~(day)~~ (year)
Cemetery or crematory Chester Cemetery
Location Chestertown, Md
18. Funeral director Ralph H. Arsilton Inc
Address Chestertown Md
19. Oct. 16. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1926, to Oct 10 1940, and that I last saw her alive on Oct. 10 1940.
Immediate cause of death Hemorrhage Pulmonary not due to tuberculosis. C.W.G.R. — DURATION sudden
Due to Chronic Endocarditis — 1926
Due to Recent cough, tuberculosis not suspected. Pulmonary hemorrhage due to
Other conditions the sudden and immediate death from the chronic endocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of eufopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chestertown Md Date signed Oct 14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.